Bayfield County
Planning and Zonling Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 JAMIT: COMPLETED APPLICATION, TAX

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Econoge) 062015

Permit #: Refund: Date: Amount Paid: S/-40-01 5,0419 10-27-15

Bayfield Co. Zoning Dep

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS ~/ º 7

Secretarial Staff FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES [[we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) and the true to the detail and accuracy of all information I (we) and that it will be relied upon by Bayfield County in detail in the true, correct and complete. I (we) acknowledge that I (we) and the true to the detail and accuracy of all information I (we) and that it will be relied upon by Bayfield County in the true, correct and complete. I (we) acknowledge that I (we) and the true to the true true to the true true to the true true true true true true true tru		97 26 26	Boo'd for Issuer		Municipal Use				☐ Commercial Use			Residential Ose				Proposed Use	Proposed Construction	Existing Structure: (if permit being applied for is relevant to it)		[1080°21			Value at Time of Completion * include donated time & material	Non-Shoreland		☐ Shoreland — ☐		Section CD	Sec. 20	N/2 1/2/1/200	LOCATION Le	10000	O	Contractor:	7470	1 ICSON	Owner's Name:
Staff Slication (including an le detail and accuracy		3	3			Þ			ě			1				•	on:	f permit being a	The state of the s	Property	Run a Business on	Conversion	Addition/Alteration	New Construction	Project	4		ls Property/La	Is Property/Lai reek or Landwa	" COMPANY	Township	1 1 2 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gal Description	6	Signing Application	090	Strecte	FOR FE	matin Matin
AILURE TO OBTAIN A paccompanying information I (we)	Other: (explain)	Conditional Use: (explain)	Special Hear (avalain)	Accessory Building Addition/Alteration (specify)	Accessory Building	Addition/Alteration	Wobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or	with /	with (with a	with (with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property			applied for is releva						K	# of and/or			☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue	48	Marin Range	Govitot	1 _	0385	n Signing Application on behalf of Owner(s))	400	R D	S	
PERMIT of STARTING tion) has been examined am (are) providing and		(explain)	sin)	g Addition/Alte	g (specify)	on (specify)	nufactured date)	sanitary, <u>or</u> □ sl	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	oft	oin, hunting sha	e (first structure	Pro	16			Foundation	No Basement	ory	1-Story + Loft	ory	# of Stories and/or basement		15 Yes	t of Lake, Pond or	of River, Stream		7 ×	NM CSM		PIN: (23 digits)	Agent	<u>.</u>	CK S	THT CO	Mailing Address:
S CONSTRUCTION W by me (us) and to the that it will be relied up	- Hymne		1	ration (specify)		1755	The state of the s	☐ sleeping quarters, <u>c</u>	(D					ck, etc.)	e on property)	Proposed Structure	Length: SG	}					Year Round	Seasonal	Use		continue	Flowage	+			1833 P 213	-8h-2-		þ -			O Stractor 1 to	oress:
ITHOUT A PERMIT I							- Anthrope	or a cooking & fo	- manual projection of the control o									,			None	X		, ,	# of of or			Distance Structure	Distance Structure	(S)		3 11/5	2-82-83	2 E-305.	nt Mailing Addres	With the state of	Plumber: Q	Ċ	City/state/cip
WILL RESULT IN PEN edge and belief it is tru in determining wheth			W. W. Charles					cooking & food prep facilities)	- Annual Control of the Control of t								Wigth: Col-x		None	Compost Toilet	: 1	Privy (Pit) or	(New) Samuary					re is from Shoreline : fee	re is from Shoreline fe				03.45	AYKHON	iciude City/S	Time I do City (6th	\$	acsidous sur	(e) CID:
ALTIES LE, correct and complete, correct and complete.	(×	(x	×	\ \ \ \ \	×		- - - - - - - - - -		. -		×	(x	× >	\	×	Dimensions	4			let	Portable (w/service contract)	r Vaulted (r	(New) Samuary Specify Type:	ity Specify Type	What Type of Sewer/Sanitary System Is on the property?			line :	et		Lot Size	Supplivision:	Valume	Recorded Document: (i.e. Property Ownership		to (7in)		9 EA	1000
e. I (we) acknowledge (we) further accept liab)	_		- -		1	_			-			_				Height: 21/2				Vaulted (min 200 gallon)	世界市	4				No S	in Aı		Acreage		Page(s)	nt: (i.e. Property O		Written Authorization	Plumber Phone:	Cell Phone:	
that I (we) bility which						Supri		-								Square Footage	-				, I.			Z Wel	Wate			No Ses						Ownersh	. Acadion	rization	2	ŗ	770

Authorized Agent: (If there are Multiple eed All O ers must sign \underline{or} letter(s) of authorization must accompany this application) Date

need agent Address to send permit anth

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signing on behalf of the owner(s) a letter of authorization

P

50 ES

oust accompany this application)

If you recently purchased the prop Attach
Copy of Tax Statement
roperty send your Recorded Deed

the mooil

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